



REQUEST FOR TITLE 38 PHYSICIAN AND DENTIST PAY (PDP)

1. SPECIAL PAY REQUEST Physician Dentist		2. ACTION REQUESTED New Recruitment Change to Existing PDP Other (specify)	
3. EMPLOYEE INFORMATION			
Name			
Position Title/P.D. Number			
Organization (Agency/Center/Division)			
Official Tour of Duty Full Time Part Time If part time, regular scheduled hours per pay period			
4. AMOUNT OF PDP TO BE PAID			
GS Grade/Step		GS Base Pay	
Clinical Specialty/Board Certification		Market Pay	
Pay Table #	Tier #	Total Annual PDP	
Type of Incentive: Recruitment Retention Relocation		3 R's Pay	
		Total Annual Compensation	
5. NOTES			
6. REVIEWS AND APPROVALS			
Recommending Official (name & title)		Signature	Date
Compensation Panel Chair (name) or NA		Signature	Date
Approving Official (name & title)		Signature	Date
Fund Availability (name & title)		Signature	Date
Human Resources Review (name & title)		Signature	Date
7. EFFECTIVE DATE			

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Attachments: (New) Justification, CV, Board Certification and PD
 (Change) Justification and Updated Documents, if applicable